

CTD001164599

ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

RCRA RECORDS CENTER
FACILITY Medford
I.D. NO. CTD001164599
FILE LOC. R-1A
OTHER RDMS# 100842

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING



☐ ✓

(2) FORM 3 MISSING

RDMS DocID 00100842

☐ ✓

B. POSTMARK after NOVEMBER 19, 1980

☐ ✓ Valid ☐

C. (1) DATE of OPERATION MISSING

☐ ✓

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

→ (U) ^{Non}Notifier
D. (U) NOTIFIED after AUGUST 18, 1980

☐

☐ ✓ Valid ☐

E. (1) FORM 1, XIII B SIGNATURE missing

☐ ✓

(2) FORM 3, IX B SIGNATURE missing

☐ ✓

2. A. HANDLER

☒

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY
(missing name and address on Form 3)

☐

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

Coded:
009-
4134400-
2107303230-
long
3/11

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
1. Amount ☐
2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
1. Process Codes ☐
2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

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Items preceded by * must be submitted by _____.